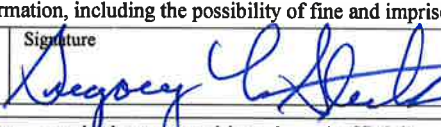



Department of Environment and Conservation
Division of Water Pollution Control



**CONSTRUCTION ACTIVITY – STORM WATER DISCHARGES
NOTICE OF INTENT (NOI)**

Site Name:	SOUTHEASTERN TENNESSEE STATE REGIONAL CORRECTIONAL FACILITY - FORCE MAIN / GRAVITY SEWER ADDITIONS	Existing Tracking No.
Street Address or Location:	1045 Horsehead Road, Pikeville, Tennessee 37367	Start date: 4-1-2011 Estimated end date: 12-31-2011
Site Description:	Installation of a new sewage pumping station, force main and gravity sewer line to convey sewage from the existing Taft Youth Center to the new wastewater treatment plant.	Latitude: 35d 45' 09.39" N Longitude: 85d 15' 03.39" W
County(ies):	Bledsoe County	Acres Disturbed: 7.61+/-
Does a topographic map show dotted or solid blue lines <input type="checkbox"/> and/or wetlands <input type="checkbox"/> on or adjacent to the construction site? If wetlands are located on-site and may be impacted, attach wetlands delineation report. If an Aquatic Resource Alteration Permit has been obtained for this site, what is the permit number? ARAP permit No.:		
Receiving waters: Mill Creek		
Attach the SWPPP with the NOI <input checked="" type="checkbox"/> SWPPP Attached Attach a site location map <input checked="" type="checkbox"/> Map Attached		

Site Owner/Developer: (person, company, or legal entity that has operational or design control over construction plans and specifications) State of Tennessee, Department of Finance and Administration			
Site Owner/Developer Contact: (individual responsible for site) Greg Steck		Title or Position:	
Mailing Address: 312 Eighth Ave. N.		City: Nashville	State: TN
Phone: (615) 741-0320		Zip: 37243	
Optional Contact:		E-mail:	
Address:		City:	State:
Phone: ()		Zip:	

Owner/Developer Certification (must be signed by president, vice-president or equivalent, or ranking elected official)		
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Owner/Developer name; print or type Gregory L. Steck	Signature 	Date 2/17/10

Contractor(s) Certification (must be signed by president, vice-president or equivalent, or ranking elected official)		
I certify under penalty of law that I have reviewed this document, any attachments, and the SWPPP referenced above. Based on my inquiry of the construction site owner/developer identified above, and/or my inquiry of the person directly responsible for assembling this NOI, I believe the information submitted is accurate. I am aware that this NOI, if approved, makes the above-described construction activity subject to NPDES permit number TNR100000, and that certain of my activities on-site are thereby regulated. I am aware that there are significant penalties, including the possibility of fine and imprisonment for knowing violations, and for failure to comply with these permit requirements.		
Primary contractor name and address; print or type CLEARY CONSTRUCTION INC 2006 EDMONTON RD. TOMPKINSVILLE, KY. 42167	Signature 	Date 2-23-11
Other contractor name and address; print or type	Signature	Date
Other contractor name and address; print or type	Signature	Date

OFFICIAL STATE USE ONLY			
Received Date 02/19/10	Reviewer 	Field Office Chatt	Permit Number TNR 111882
Fee(s) Journal Under	T & E Aquatic Fauna	Impaired Receiving Stream	High Quality Water 
Notice of Coverage Date 04/07/11			RDAs 2399 and 2400



Department of Environment and Conservation
Division of Water Pollution Control

**CONSTRUCTION ACTIVITY – STORM WATER DISCHARGES
NOTICE OF INTENT (NOI)**

Site Name:	SOUTHEASTERN TENNESSEE STATE REGIONAL CORRECTIONAL FACILITY - FORCE MAIN / GRAVITY SEWER ADDITIONS			Existing Tracking No.
Street Address or Location:	1045 Horsehead Road, Pikeville, Tennessee 37367			Start date:
				Estimated end date:
Site Description:	Installation of a new sewage pumping station, force main and gravity sewer line to convey sewage from the existing Taft Youth Center to the new wastewater treatment plant.			Latitude: 35d 45' 09.39" N
				Longitude: 85d 15' 03.39" W
County(ies):	Bledsoe County			Acres Disturbed: 7.61+/-
Does a topographic map show dotted or solid blue lines <input type="checkbox"/> and/or wetlands <input type="checkbox"/> on or adjacent to the construction site? If wetlands are located on-site and may be impacted, attach wetlands delineation report. If an Aquatic Resource Alteration Permit has been obtained for this site, what is the permit number? ARAP permit No.:				
Receiving waters: Mill Creek				
Attach the SWPPP with the NOI <input type="checkbox"/> SWPPP Attached		Attach a site location map <input type="checkbox"/> Map Attached		
Site Owner/Developer: (person, company, or legal entity that has operational or design control over construction plans and specifications) State of Tennessee, Department of Finance and Administration				
Site Owner/Developer Contact: (individual responsible for site) Greg Steck		Title or Position:		
Mailing Address: 312 Eighth Ave. N.		City: Nashville	State: TN	Zip: 37243
Phone: (615) 741-0320		E-mail:		
Optional Contact:		Title or Position:		
Address:		City:	State:	Zip:
Phone: ()		E-mail:		
Owner/Developer Certification (must be signed by president, vice-president or equivalent, or ranking elected official) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				
Owner/Developer name; print or type Gregory L. Steck		Signature <i>Gregory L. Steck</i>		Date 2/17/10
Contractor(s) Certification (must be signed by president, vice-president or equivalent, or ranking elected official) I certify under penalty of law that I have reviewed this document, any attachments, and the SWPPP referenced above. Based on my inquiry of the construction site owner/developer identified above, and/or my inquiry of the person directly responsible for assembling this NOI, I believe the information submitted is accurate. I am aware that this NOI, if approved, makes the above-described construction activity subject to NPDES permit number TNR100000, and that certain of my activities on-site are thereby regulated. I am aware that there are significant penalties, including the possibility of fine and imprisonment for knowing violations, and for failure to comply with these permit requirements.				
Primary contractor name and address; print or type		Signature		Date
Other contractor name and address; print or type		Signature		Date
Other contractor name and address; print or type		Signature		Date

OFFICIAL STATE USE ONLY

Received Date	Reviewer	Field Office	Permit Number	High Quality Water
			TNR 116882	
Fee(s)	T & E Aquatic Fauna	Impaired Receiving Stream	Notice of Coverage Date	

CN-0940 (Rev. 06-08))

FEB 19 2010

RDAs 2399 and 2400

(continued on reverse)